

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF UTAH

In re: **Alfred Don Davies**  
**Mary Jane Davies**

Debtor(s).

Case No. **17-26875**

Chapter

**7**

Judge

**Joel T. Marker**

AMENDED MATRIX

**\$31.00 Fee Required**

**IFP Waiver**

File amended matrix with ONLY the amended creditors. File separate change of address form to change the debtor's address. Fee required except for change of address or adding attorney for listed creditor. Conversion? (13 to 7) X Yes      No.

It is the debtor's responsibility to notify additional creditors by sending a 341 notice and/or Discharge Order to the creditors added. A certificate of mailing should be filed with the Clerk's office (see below). If adding more than eight (8) creditors, attach a scannable list to this cover sheet rather than beginning the list on this page. The scannable list needs to be in Courier 10 pitch, Prestige Elite or Letter Gothic fonts and contain no more than four (4) lines per creditor address.

Matrix: Adding X Correcting      Deleting     

Please type the creditors' address(es) changes/additions below:

1) **ITL Iowa Tank Lines**  
**4461 West 3000 South**  
**Roosevelt, Utah 84066**

2) **Brad's Tank, LLC**  
**P.O. Box 1217**  
**Ankeny, Iowa 50021**

**CERTIFICATE OF MAILING**

I hereby certify that a true and correct copy of the foregoing was mailed, postage prepaid, to the creditors added to this estate as follows (please mark the appropriate lines(s):

X 341 Notice      Discharge Notice      Plan/Amended Plan

October 12, 2017

DATED

/s/ Mark C. Rose

**Mark C. Rose**

ATTORNEY FOR DEBTOR(S)

## Fill in this information to identify your case:

Debtor 1 **Alfred Don Davies**  
 First Name Middle Name Last Name

Debtor 2 **Mary Jane Davies**  
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF UTAH**

Case number **17-26875**  
 (if known)

☒ Check if this is an amended filing

## Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

## Part 1: List All of Your PRIORITY Unsecured Claims

## 1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

|     |  | Total claim  | Priority amount  | Nonpriority amount |
|-----|--|--|--|--------------------|
| 2.1 | <b>Internal Revenue Service</b><br>Priority Creditor's Name<br><b>Centralized Insolvency Operations</b><br><b>P. O. Box 7346</b><br><b>Philadelphia, PA 19101-7346</b><br>Number Street City State Zip Code  | Last 4 digits of account number <b>4302</b>  | <b>\$1,170.00</b>  | <b>\$0.00</b>      |
|     | When was the debt incurred? <b>12/2015</b><br><br>Who incurred the debt? Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | As of the date you file, the claim is: Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of PRIORITY unsecured claim:<br><input type="checkbox"/> Domestic support obligations<br><input checked="" type="checkbox"/> Taxes and certain other debts you owe the government<br><input type="checkbox"/> Claims for death or personal injury while you were intoxicated<br><input type="checkbox"/> Other. Specify _____ | <b>Penalty for not filing S Corp Return - Potential personal liability for the debt of Don Davies Trucking, Inc.</b> |                    |

Debtor 1 **Alfred Don Davies**  
Debtor 2 **Mary Jane Davies**

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|---|---|---|
| 2.2   | <b>Internal Revenue Service</b><br>Priority Creditor's Name<br><b>Centralized Insolvency Operations</b><br><b>P. O. Box 7346</b><br><b>Philadelphia, PA 19101-7346</b><br>Number Street City State Zip Code | Last 4 digits of account number <b>0582</b> <b>\$3,425.00</b> <b>\$3,425.00</b> <b>\$0.00</b><br><br>When was the debt incurred? <b>12/2015, 9/2016</b>   |
| <b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |   | <b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of PRIORITY unsecured claim:</b><br><input type="checkbox"/> Domestic support obligations<br><input checked="" type="checkbox"/> Taxes and certain other debts you owe the government<br><input type="checkbox"/> Claims for death or personal injury while you were intoxicated<br><input type="checkbox"/> Other. Specify _____<br><b>Withholding taxes. Potential personal liability for the debt of Don Davies Trucking Inc.</b> |

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|---|---|---|
| 2.3   | <b>(p) Internal Revenue Service</b><br>Priority Creditor's Name<br><b>Centralized Insolvency Operations</b><br><b>P. O. Box 7346</b><br><b>Philadelphia, PA 19101-7346</b><br>Number Street City State Zip Code | Last 4 digits of account number <b>4302</b> <b>\$75,218.62</b> <b>\$0.00</b> <b>\$75,218.62</b><br><br>When was the debt incurred? <b>2015</b>  |
| <b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |   | <b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of PRIORITY unsecured claim:</b><br><input type="checkbox"/> Domestic support obligations<br><input checked="" type="checkbox"/> Taxes and certain other debts you owe the government<br><input type="checkbox"/> Claims for death or personal injury while you were intoxicated<br><input type="checkbox"/> Other. Specify _____<br><b>Potential personal liability for debt of Don Davies Trucking, Inc.</b> |

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|---|---|--|
| 2.4   | <b>(p) Internal Revenue Service</b><br>Priority Creditor's Name<br><b>Centralized Insolvency Operations</b><br><b>P. O. Box 7346</b><br><b>Philadelphia, PA 19101-7346</b><br>Number Street City State Zip Code | Last 4 digits of account number <b>4302</b> <b>\$39,248.06</b> <b>\$39,248.06</b> <b>\$0.00</b><br><br>When was the debt incurred? <b>2016</b>   |
| <b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |   | <b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of PRIORITY unsecured claim:</b><br><input type="checkbox"/> Domestic support obligations<br><input checked="" type="checkbox"/> Taxes and certain other debts you owe the government<br><input type="checkbox"/> Claims for death or personal injury while you were intoxicated<br><input type="checkbox"/> Other. Specify _____<br><b>Potential personal liability for debt of Don Davies Trucking, Inc. - Employer taxes Form 941 - \$13,222.84; \$2,573.02; \$5,655.68; \$17,796.52</b> |

Debtor 1 **Alfred Don Davies**  
Debtor 2 **Mary Jane Davies**

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| 2.5   | <b>(p) Internal Revenue Service</b><br>Priority Creditor's Name<br><b>Centralized Insolvency Operations</b><br><b>P. O. Box 7346</b><br><b>Philadelphia, PA 19101-7346</b><br>Number Street City State Zip Code | Last 4 digits of account number <b>8926</b> <b>\$24,673.08</b> <b>\$24,673.08</b> <b>\$0.00</b><br><br>When was the debt incurred? <b>2015</b>   |
| <b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |   | <b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of PRIORITY unsecured claim:</b><br><input type="checkbox"/> Domestic support obligations<br><input checked="" type="checkbox"/> Taxes and certain other debts you owe the government<br><input type="checkbox"/> Claims for death or personal injury while you were intoxicated<br><input type="checkbox"/> Other. Specify _____<br><b>Trust Fund Recovery Penalty</b> |

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| 2.6   | <b>(p) Internal Revenue Service</b><br>Priority Creditor's Name<br><b>Centralized Insolvency Operations</b><br><b>P. O. Box 7346</b><br><b>Philadelphia, PA 19101-7346</b><br>Number Street City State Zip Code | Last 4 digits of account number <b>5801</b> <b>\$19,156.22</b> <b>\$19,156.22</b> <b>\$0.00</b><br><br>When was the debt incurred? <b>2015</b>   |
| <b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |   | <b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of PRIORITY unsecured claim:</b><br><input type="checkbox"/> Domestic support obligations<br><input checked="" type="checkbox"/> Taxes and certain other debts you owe the government<br><input type="checkbox"/> Claims for death or personal injury while you were intoxicated<br><input type="checkbox"/> Other. Specify _____<br><b>Trust Fund Recovery Penalty</b> |

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| 2.7   | <b>(p) Internal Revenue Service</b><br>Priority Creditor's Name<br><b>Centralized Insolvency Operations</b><br><b>P. O. Box 7346</b><br><b>Philadelphia, PA 19101-7346</b><br>Number Street City State Zip Code | Last 4 digits of account number <b>5801</b> <b>\$12,558.26</b> <b>\$12,558.26</b> <b>\$0.00</b><br><br>When was the debt incurred? <b>2016</b>   |
| <b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |   | <b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of PRIORITY unsecured claim:</b><br><input type="checkbox"/> Domestic support obligations<br><input checked="" type="checkbox"/> Taxes and certain other debts you owe the government<br><input type="checkbox"/> Claims for death or personal injury while you were intoxicated<br><input type="checkbox"/> Other. Specify _____<br><b>Trust Fund Recovery Penalty</b> |

Debtor 1 **Alfred Don Davies**  
Debtor 2 **Mary Jane Davies**

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| 2.8  | <b>(p) Internal Revenue Service</b><br>Priority Creditor's Name<br><b>Centralized Insolvency Operations</b><br><b>P. O. Box 7346</b><br><b>Philadelphia, PA 19101-7346</b><br>Number Street City State Zip Code | Last 4 digits of account number <b>8926</b> <b>\$31,675.91</b> <b>\$31,675.91</b> <b>\$0.00</b><br><br>When was the debt incurred? <b>7/10/2017</b> | As of the date you file, the claim is: Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of PRIORITY unsecured claim:<br><input type="checkbox"/> Domestic support obligations<br><input checked="" type="checkbox"/> Taxes and certain other debts you owe the government<br><input type="checkbox"/> Claims for death or personal injury while you were intoxicated<br><input type="checkbox"/> Other. Specify _____ |
| Who incurred the debt? Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |   | <b>CP91 Notice</b>  |  |

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| 2.9  | <b>Colorado Department of Labor and Employ.</b><br>Priority Creditor's Name<br><b>P.O Box 956</b><br><b>Denver, CO 80201</b><br>Number Street City State Zip Code | Last 4 digits of account number <b>4302</b> <b>\$1,007.81</b> <b>\$0.00</b> <b>\$1,007.81</b><br><br>When was the debt incurred? <b>2016</b> | As of the date you file, the claim is: Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of PRIORITY unsecured claim:<br><input type="checkbox"/> Domestic support obligations<br><input checked="" type="checkbox"/> Taxes and certain other debts you owe the government<br><input type="checkbox"/> Claims for death or personal injury while you were intoxicated<br><input type="checkbox"/> Other. Specify _____ |
| Who incurred the debt? Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |   | <b>Unemployment insurance - Potential personal liability for the debt of Don Davies Trucking, Inc. \$349.43, \$138.47, \$519.91</b>          |  |

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|--|--|--|--|
| 2.10   | <b>Colorado Department of Revenue</b><br>Priority Creditor's Name<br><b>Denver, CO 80261-0009</b><br>Number Street City State Zip Code | Last 4 digits of account number <b>4302</b> <b>\$1,031.00</b> <b>\$0.00</b> <b>\$1,031.00</b><br><br>When was the debt incurred? <b>2016</b> | As of the date you file, the claim is: Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of PRIORITY unsecured claim:<br><input type="checkbox"/> Domestic support obligations<br><input checked="" type="checkbox"/> Taxes and certain other debts you owe the government<br><input type="checkbox"/> Claims for death or personal injury while you were intoxicated<br><input type="checkbox"/> Other. Specify _____ |
| Who incurred the debt? Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |  | <b>Colorado withholding - Potential personal liability for the debt of Don Davies Trucking, Inc. \$211.00, \$270.00, \$318.00, \$232.00</b>  |  |

Debtor 1 **Alfred Don Davies**  
Debtor 2 **Mary Jane Davies**

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2.1  
1

**Department of Workforce Services**

Priority Creditor's Name  
**140 E. 300 S.  
P.O. Box 45288  
Salt Lake City, UT 84145-0288**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number **4302** **\$331.49** **\$331.49** **\$0.00**

When was the debt incurred? **2016**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of PRIORITY unsecured claim:**

- ☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify

**Unemployment taxes - Potential personal liability  
for the debt of Don Davies Trucking Inc. - \$123.94;  
\$129.61; \$77.94**

2.1  
2

**Duchesne County Assessor**

Priority Creditor's Name  
**P. O. Box 998  
734 N Center Street  
Duchesne, UT 84021-0998**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number **2157** **\$113.32** **\$0.00** **\$113.32**

When was the debt incurred? **2016**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of PRIORITY unsecured claim:**

- ☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify

**Outstanding property taxes**

2.1  
3

**Duchesne County Assessor**

Priority Creditor's Name  
**P. O. Box 998  
734 N Center Street  
Duchesne, UT 84021-0998**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number **8370** **\$376.97** **\$376.97** **\$0.00**

When was the debt incurred? **6/15/2017**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of PRIORITY unsecured claim:**

- ☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify

**Greenbelt Rollback Calculation**

Debtor 1 **Alfred Don Davies**  
Debtor 2 **Mary Jane Davies**

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| 2.1<br>4 | <b>Duchesne County Treasurer</b><br>Priority Creditor's Name<br><b>PO Box 989</b><br><b>Duchesne, UT 84021</b><br>Number Street City State Zip Code  | Last 4 digits of account number <b>8925</b> <b>\$1,294.67</b> <b>\$1,294.67</b> <b>\$0.00</b>  |
|          | <b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>When was the debt incurred?</b> <b>2016</b><br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of PRIORITY unsecured claim:</b><br><input type="checkbox"/> Domestic support obligations<br><input checked="" type="checkbox"/> Taxes and certain other debts you owe the government<br><input type="checkbox"/> Claims for death or personal injury while you were intoxicated<br><input type="checkbox"/> Other. Specify _____<br><b>Property taxes</b><br><b>18463 W. Sundance Loop</b> |

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| 2.1<br>5 | <b>Duchesne County Treasurer</b><br>Priority Creditor's Name<br><b>PO Box 989</b><br><b>Duchesne, UT 84021</b><br>Number Street City State Zip Code  | Last 4 digits of account number <b>8925</b> <b>\$204.38</b> <b>\$204.38</b> <b>\$0.00</b>   |
|          | <b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>When was the debt incurred?</b> <b>2016</b><br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of PRIORITY unsecured claim:</b><br><input type="checkbox"/> Domestic support obligations<br><input checked="" type="checkbox"/> Taxes and certain other debts you owe the government<br><input type="checkbox"/> Claims for death or personal injury while you were intoxicated<br><input type="checkbox"/> Other. Specify _____<br><b>Property tax</b><br><b>18350 W. Pinnacle Dr.</b> |

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| 2.1<br>6 | <b>Duchesne County Treasurer</b><br>Priority Creditor's Name<br><b>PO Box 989</b><br><b>Duchesne, UT 84021</b><br>Number Street City State Zip Code  | Last 4 digits of account number <b>8925</b> <b>\$124.00</b> <b>\$124.00</b> <b>\$0.00</b>  |
|          | <b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>When was the debt incurred?</b> <b>2016</b><br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of PRIORITY unsecured claim:</b><br><input type="checkbox"/> Domestic support obligations<br><input checked="" type="checkbox"/> Taxes and certain other debts you owe the government<br><input type="checkbox"/> Claims for death or personal injury while you were intoxicated<br><input type="checkbox"/> Other. Specify _____<br><b>Property Tax</b><br><b>18355 W. Sundance Loop</b> |

Debtor 1 **Alfred Don Davies**  
Debtor 2 **Mary Jane Davies**

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| 2.1<br>7 | <b>Utah Dept. of Workforce Services</b><br>Priority Creditor's Name<br><b>Attn: UI Collections Unit</b><br><b>PO Box 45288</b><br><b>Salt Lake City, UT 84145-0288</b><br>Number Street City State Zip Code<br>Who incurred the debt? Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <b>0770</b> <b>\$83.40</b> <b>\$0.00</b> <b>\$83.40</b><br>When was the debt incurred? <b>4/2015</b><br>As of the date you file, the claim is: Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of PRIORITY unsecured claim:<br><input type="checkbox"/> Domestic support obligations<br><input checked="" type="checkbox"/> Taxes and certain other debts you owe the government<br><input type="checkbox"/> Claims for death or personal injury while you were intoxicated<br><input type="checkbox"/> Other. Specify _____<br><b>Unemployment Insurance - Potential personal liability for the debt of Don Davies Trucking, Inc.</b> |
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| 2.1<br>8 | <b>Utah State Tax Commission</b><br>Priority Creditor's Name<br><b>Attn Legal Processes Unit</b><br><b>210 North 1950 West</b><br><b>Salt Lake City, UT 84134</b><br>Number Street City State Zip Code<br>Who incurred the debt? Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <b>2WTH</b> <b>\$7,154.82</b> <b>\$7,154.82</b> <b>\$0.00</b><br>When was the debt incurred? <b>2016</b><br>As of the date you file, the claim is: Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of PRIORITY unsecured claim:<br><input type="checkbox"/> Domestic support obligations<br><input checked="" type="checkbox"/> Taxes and certain other debts you owe the government<br><input type="checkbox"/> Claims for death or personal injury while you were intoxicated<br><input type="checkbox"/> Other. Specify _____<br><b>Utah State Withholding Tax - Potential personal liability for the debt of Don Davies Trucking Inc. \$1,804.26; \$95.69; \$2,726.45; \$2,528.42</b> |
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**Part 2: List All of Your NONPRIORITY Unsecured Claims**

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

**Total claim**



Debtor 1 **Alfred Don Davies**  
Debtor 2 **Mary Jane Davies**

Case number (if know) **17-26875**

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| 4.1 | <b>A&amp;E Tire Inc.</b><br>Nonpriority Creditor's Name<br><b>3855 East 52nd Ave</b><br><b>Denver, CO 80216</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u><b>DONDOI</b></u><br><b>When was the debt incurred?</b> <u><b>4/2015</b></u><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u><b>Potential personal liability for debt of Don Davies Trucking, Inc.</b></u> | <b>\$6,551.52</b> |
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| 4.2 | <b>Amerifuel</b><br>Nonpriority Creditor's Name<br><b>PO Box 94550</b><br><b>Seattle, WA 98124</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u><b>1247</b></u><br><b>When was the debt incurred?</b> <u><b>5/18/16</b></u><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u><b>Living expenses</b></u> | <b>\$36,726.63</b> |
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| 4.3 | <b>AT&amp;T Mobility</b><br>Nonpriority Creditor's Name<br><b>PO Box 6463</b><br><b>Carol Stream, IL 60197</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u><b>0599</b></u><br><b>When was the debt incurred?</b> <u><b>4/2015</b></u><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u><b>Potential personal liability for debt of Don Davies Trucking, Inc.</b></u> | <b>\$10,000.00</b> |
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Debtor 1 **Alfred Don Davies**  
Debtor 2 **Mary Jane Davies**Case number (if know) **17-26875**

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| 4.4 | <b>Black River Business Capital LLC</b><br>Nonpriority Creditor's Name<br><b>2951 Ranch Road 620 Suite 104</b><br><b>Austin, TX 78734</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u><b>1840</b></u><br><b>When was the debt incurred?</b> <u><b>1/12/16</b></u><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>Potential personal liability for debt of Don Davies Trucking, Inc.</b> | <b>\$18,000.00</b> |
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| 4.5 | <b>Black River Business Capital LLC.</b><br>Nonpriority Creditor's Name<br><b>PO Box 342573</b><br><b>Austin, TX 78734</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u><b>1840</b></u><br><b>When was the debt incurred?</b> <u><b>1/2016</b></u><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>Personal guarantee for debt of Don Davies Trucking, Inc. - Flatbed trailer</b> | <b>\$18,000.00</b> |
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| 4.6 | <b>Brad's Tank, LLC</b><br>Nonpriority Creditor's Name<br><b>P.O. Box 1217</b><br><b>Ankeny, IA 50021</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> _____<br><b>When was the debt incurred?</b> _____<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify _____ | <b>\$20,000.00</b> |
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Debtor 1 **Alfred Don Davies**  
Debtor 2 **Mary Jane Davies**Case number (if know) **17-26875**

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| 4.7 | <b>Cabela's Visa Center</b><br>Nonpriority Creditor's Name<br><b>World's Formost Bank</b><br><b>PO Box 82609</b><br><b>Lincoln, NE 68501</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>2426</u><br><b>When was the debt incurred?</b> <u>4/2015</u><br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>Potential personal liability for debt of Don Davies Trucking, Inc.</b> | <b>\$10,000.00</b> |
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| 4.8 | <b>Capital Premium Financing Inc.</b><br>Nonpriority Creditor's Name<br><b>12235 S. 800 E.</b><br><b>Draper, UT 84020</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>2276</u><br><b>When was the debt incurred?</b> <u>6/2016</u><br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>Potential personal liability for debt of Don Davies Trucking, Inc.</b> | <b>\$114,000.00</b> |
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| 4.9 | <b>Cardwell Distributing Inc</b><br>Nonpriority Creditor's Name<br><b>W.E.X. Bank</b><br><b>PO Box 6293</b><br><b>Carol Stream, IL 60197</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>8814</u><br><b>When was the debt incurred?</b> <u>4/2015</u><br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>Potential personal liability for debt of Don Davies Trucking, Inc.</b> | <b>\$35,000.00</b> |
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Debtor 1 **Alfred Don Davies**  
Debtor 2 **Mary Jane Davies**

Case number (if know) **17-26875**

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| 4.1<br>0 | <b>Cardwell Distributing Inc.</b><br>Nonpriority Creditor's Name<br><b>PO Box 235</b><br><b>Midvale, UT 84047</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>1279</u> <span style="float: right;"><b>\$21,476.51</b></span><br><b>When was the debt incurred?</b> <u>12/11/2015</u><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Potential personal liability for debt of Don Davies Trucking, Inc.</u> |
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| 4.1<br>1 | <b>Chevron &amp; Texaco Universal Card</b><br>Nonpriority Creditor's Name<br><b>PO Box 921729</b><br><b>Norcross, GA 30010</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>B361</u> <span style="float: right;"><b>\$4,000.00</b></span><br><b>When was the debt incurred?</b> <u>4/2015</u><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Potential personal liability for debt of Don Davies Trucking, Inc.</u> |
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| 4.1<br>2 | <b>Chevron / Synchrony Bank</b><br>Nonpriority Creditor's Name<br><b>PO Box 530950</b><br><b>Atlanta, GA 30353-0850</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>8730</u> <span style="float: right;"><b>\$550.00</b></span><br><b>When was the debt incurred?</b> <u>2016</u><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Living expenses</u> |
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Debtor 1 **Alfred Don Davies**  
Debtor 2 **Mary Jane Davies**

Case number (if know) **17-26875**

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| 4.1<br>3 | <b>Christopher S. Wenthold</b><br>Nonpriority Creditor's Name<br><b>2135 Crockett Dr.</b><br><b>Craig, CO 81625</b><br>Number Street City State Zip Code<br>Who incurred the debt? Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <u>n/a</u> <span style="float: right;"><b>\$8,531.82</b></span><br>When was the debt incurred? <u>5/16/16- 8/10/16</u><br>As of the date you file, the claim is: Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br>Potential personal liability for debt of Don Davies Trucking, Inc.<br><input checked="" type="checkbox"/> Other. Specify <u>Wages</u> |
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| 4.1<br>4 | <b>Dan's Tire Service</b><br>Nonpriority Creditor's Name<br><b>PO Box 579</b><br><b>Vernal, UT 84078</b><br>Number Street City State Zip Code<br>Who incurred the debt? Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <u>2201</u> <span style="float: right;"><b>\$150,000.00</b></span><br>When was the debt incurred? <u>4/2015</u><br>As of the date you file, the claim is: Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br>Potential personal liability for debt of Don Davies Trucking, Inc.<br><input checked="" type="checkbox"/> Other. Specify <u>Davies Trucking, Inc.</u> |
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| 4.1<br>5 | <b>EMC Insurance Companies</b><br>Nonpriority Creditor's Name<br><b>PO Box 219225</b><br><b>Kansas City, MO 64121</b><br>Number Street City State Zip Code<br>Who incurred the debt? Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <u>1524</u> <span style="float: right;"><b>\$9,996.00</b></span><br>When was the debt incurred? <u>4/2015</u><br>As of the date you file, the claim is: Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br>Potential personal liability for debt of Don Davies Trucking, Inc.<br><input checked="" type="checkbox"/> Other. Specify <u>Davies Trucking, Inc.</u> |
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Debtor 1 **Alfred Don Davies**  
Debtor 2 **Mary Jane Davies**

Case number (if know) **17-26875**

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| 4.1<br>6 | <b>Ferrellgas- 300018</b><br>Nonpriority Creditor's Name<br><b>PO Box 1003</b><br><b>Liberty, MO 64069</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> <b>Check if this claim is for a community debt</b><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u><b>7309</b></u> <span style="float: right;"><b>\$1,490.00</b></span><br><b>When was the debt incurred?</b> <u><b>11/23/16</b></u><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u><b>Living expenses</b></u> |
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| 4.1<br>7 | <b>Financial Pacific Leasing</b><br>Nonpriority Creditor's Name<br><b>3455 S. 344th Way #300</b><br><b>Federal Way, WA 98001</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> <b>Check if this claim is for a community debt</b><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u><b>7301</b></u> <span style="float: right;"><b>\$73,025.60</b></span><br><b>When was the debt incurred?</b> <u><b>1/12/16</b></u><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u><b>Potential personal liability for debt of Don Davies Trucking, Inc.</b></u> |
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|----------|---|---|
| 4.1<br>8 | <b>Financial Pacific Leasing Inc.</b><br>Nonpriority Creditor's Name<br><b>3455 S. 344th Way #300</b><br><b>Federal Way, WA 98001</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> <b>Check if this claim is for a community debt</b><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u><b>7301</b></u> <span style="float: right;"><b>\$45,000.00</b></span><br><b>When was the debt incurred?</b> <u><b>1/2016</b></u><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u><b>Personal guarantee for debt of Don Davies Trucking, Inc. - Flatbed trailer</b></u> |
|----------|---|---|

Debtor 1 **Alfred Don Davies**  
Debtor 2 **Mary Jane Davies**

Case number (if know) **17-26875**

4.1  
9

**Francine Jensen**

Nonpriority Creditor's Name

**P.O. Box 1323  
Roosevelt, UT 84066**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**Don Davies  
Trucking**

**\$55,611.30**

When was the debt incurred?

**4/2015**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Insurance - Potential personal liability for the debt of Don Davies Trucking, Inc.**

4.2  
0

**International Farmers Assoc.**

Nonpriority Creditor's Name

**1147 W. 2100 S.  
Salt Lake City, UT 84119**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**0350**

**\$744.68**

When was the debt incurred?

**4/2015**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Potential personal liability for debt of Don Davies Trucking, Inc.**

4.2  
1

**Interstate Batteries of Northwestern Co**

Nonpriority Creditor's Name

**1705 W. Victory Way  
Craig, CO 81625**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**Don Davies  
Trucking**

**\$2,000.00**

When was the debt incurred?

**11/6/15**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Potential personal liability for the debt of Don Davies Trucking, Inc.**

Debtor 1 **Alfred Don Davies**  
Debtor 2 **Mary Jane Davies**

Case number (if know) **17-26875**

4.2  
2

**Interstate Batteries of Northwestern Co**

Nonpriority Creditor's Name  
**1705 W. Victory Way**  
**Craig, CO 81625**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **7776**

**\$1,726.86**

When was the debt incurred? **4/2015**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Potential personal liability for debt of Don Davies Trucking, Inc.**

4.2  
3

**ITL Iowa Tanklines**

Nonpriority Creditor's Name  
**4461 West 3000 South**  
**Roosevelt, UT 84066**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number

**\$20,000.00**

When was the debt incurred?

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.2  
4

**Jackson Goup Peterbilt**

Nonpriority Creditor's Name  
**1910 South 5500 West**  
**Salt Lake City, UT 84104**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **772**

**\$13,000.00**

When was the debt incurred? **11/10/2016**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Potential personal liability for debt of Don Davies Trucking, Inc.**



Debtor 1 **Alfred Don Davies**  
Debtor 2 **Mary Jane Davies**

Case number (if know) **17-26875**

|          |  |  |
|----------|--|--|
| 4.2<br>5 | <b>James L. Blain II</b><br>Nonpriority Creditor's Name<br><b>3224 W. 440 S.</b><br><b>Vernal, UT 84078</b><br>Number Street City State Zip Code<br>Who incurred the debt? Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <u>n/a</u> <span style="float: right;"><b>\$7,807.59</b></span><br>When was the debt incurred? <u>6/3/16- 8/10/16</u><br>As of the date you file, the claim is: Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br>Potential personal liability for debt of Don Davies Trucking, Inc.<br><input checked="" type="checkbox"/> Other. Specify <u>Wages</u> |
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|----------|---|---|
| 4.2<br>6 | <b>James L. Wayman</b><br>Nonpriority Creditor's Name<br><b>1805 E. 1700 S.</b><br><b>Naples, UT 84078</b><br>Number Street City State Zip Code<br>Who incurred the debt? Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <u>n/a</u> <span style="float: right;"><b>\$489.00</b></span><br>When was the debt incurred? <u>6/24/16- 6/30/16</u><br>As of the date you file, the claim is: Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br>Potential personal liability for debt of Don Davies Trucking, Inc.<br><input checked="" type="checkbox"/> Other. Specify <u>Wages</u> |
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|----------|---|---|
| 4.2<br>7 | <b>Kersten Trailer Sales Inc.</b><br>Nonpriority Creditor's Name<br><b>8999 E. 96th Ave.</b><br><b>Henderson, CO 80640</b><br>Number Street City State Zip Code<br>Who incurred the debt? Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <u>DONDAVIE STRUCKIN G</u> <span style="float: right;"><b>\$5,042.00</b></span><br>When was the debt incurred? <u>4/2015</u><br>As of the date you file, the claim is: Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br>Potential personal liability for debt of Don Davies Trucking, Inc.<br><input checked="" type="checkbox"/> Other. Specify <u>Wages</u> |
|----------|---|---|

Debtor 1 **Alfred Don Davies**  
Debtor 2 **Mary Jane Davies**

Case number (if know) **17-26875**

4.2  
8

**King's Peak Credit Union**

Last 4 digits of account number **\$4,061.50**

Nonpriority Creditor's Name

**180 North 300 East  
Roosevelt, UT 84066**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **2013 Haulmark Cargo Trailer**

4.2  
9

**King's Peak Credit Union**

Last 4 digits of account number **\$8,026.96**

Nonpriority Creditor's Name

**180 North 300 East  
Roosevelt, UT 84066**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **2014 Wells Cargo Service Trailer**

4.3  
0

**Kings Peak Credit Union**

Last 4 digits of account number **3L17** **\$44,087.06**

Nonpriority Creditor's Name

**180 North 300 East  
Roosevelt, UT 84066**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Personal guarantee for Don Davies  
Trucking, Inc. -  
Business loan**

Debtor 1 **Alfred Don Davies**  
Debtor 2 **Mary Jane Davies**

Case number (if know) **17-26875**

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|----------|---|---|
| 4.3<br>1 | <b>Leon D. Ottesen</b><br>Nonpriority Creditor's Name<br><b>339 N. 850 W.</b><br><b>Vernal, UT 84078</b><br>Number Street City State Zip Code<br>Who incurred the debt? Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><br><input type="checkbox"/> Yes | Last 4 digits of account number <u>n/a</u> <span style="float: right;"><b>\$10,618.10</b></span><br><br>When was the debt incurred? <u>5/19/16- 8/10/16</u><br><br>As of the date you file, the claim is: Check all that apply<br><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><br><b>Potential personal liability for debt of Don Davies Trucking, Inc.</b><br><input checked="" type="checkbox"/> Other. Specify <u>Wages</u> |
|----------|---|---|

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|----------|--|---|
| 4.3<br>2 | <b>Levitt Inc. Vernal- Com</b><br>Nonpriority Creditor's Name<br><b>205 N. Vernal Ave.</b><br><b>Vernal, UT 84078</b><br>Number Street City State Zip Code<br>Who incurred the debt? Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><br><input type="checkbox"/> Yes | Last 4 digits of account number <u>5839</u> <span style="float: right;"><b>\$10,685.00</b></span><br><br>When was the debt incurred? <u>4/2015</u><br><br>As of the date you file, the claim is: Check all that apply<br><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><br><b>Potential personal liability for debt of Don Davies Trucking, Inc.</b><br><input checked="" type="checkbox"/> Other. Specify _____ |
|----------|--|---|

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|----------|--|---|
| 4.3<br>3 | <b>Mark Hicken CPA</b><br>Nonpriority Creditor's Name<br><b>91 North Main</b><br><b>Roosevelt, UT 84066</b><br>Number Street City State Zip Code<br>Who incurred the debt? Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><br><input type="checkbox"/> Yes | Last 4 digits of account number <u>n/a</u> <span style="float: right;"><b>\$984.47</b></span><br><br>When was the debt incurred? <u>4/2015</u><br><br>As of the date you file, the claim is: Check all that apply<br><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><br><b>Potential personal liability for debt of Don Davies Trucking, Inc.</b><br><input checked="" type="checkbox"/> Other. Specify _____ |
|----------|--|---|

Debtor 1 **Alfred Don Davies**  
Debtor 2 **Mary Jane Davies**

Case number (if know) **17-26875**

|          |  |   |
|----------|--|---|
| 4.3<br>4 | <b>Mountain America Credit Union</b><br>Nonpriority Creditor's Name<br><b>Collections Department</b><br><b>P.O. Box 9001</b><br><b>West Jordan, UT 84084-9001</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>5918</u> <b>\$2,000.00</b><br><br><b>When was the debt incurred?</b> <u>2016</u><br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Living expenses</u> |
|----------|--|---|

|          |  |  |
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| 4.3<br>5 | <b>Mountain West Insurance &amp; Finance Serv.</b><br>Nonpriority Creditor's Name<br><b>100 Victory Way</b><br><b>Craig, CO 81625</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>2715</u> <b>\$8,577.73</b><br><br><b>When was the debt incurred?</b> <u>4/2015</u><br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Potential personal liability for debt of Don Davies Trucking, Inc.</u> |
|----------|--|--|

|          |  |   |
|----------|--|---|
| 4.3<br>6 | <b>Mr. Don Rooks</b><br>Nonpriority Creditor's Name<br><b>187 Pinyon Circle</b><br><b>Rangely, CO 81648</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>N/A</u> <b>\$40,000.00</b><br><br><b>When was the debt incurred?</b> <u>4/15/2015</u><br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Personal guarantee for debt of Don Davies Trucking, Inc.</u> |
|----------|--|---|

Debtor 1 **Alfred Don Davies**  
Debtor 2 **Mary Jane Davies**

Case number (if know) **17-26875**

|          |   |  |                 |
|----------|---|--|-----------------|
| 4.3<br>7 | <b>Naples Car and Truck Wash</b><br>Nonpriority Creditor's Name<br><b>PO Box 790204</b><br><b>Vernal, UT 84079</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>3119</u><br><b>When was the debt incurred?</b> <u>4/2015</u><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>Potential personal liability for debt of Don Davies Trucking, Inc.</b> | <b>\$900.00</b> |
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| 4.3<br>8 | <b>National Funding</b><br>Nonpriority Creditor's Name<br><b>9820 Towne Center Dr.</b><br><b>San Diego, CA 92121</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>3700</u><br><b>When was the debt incurred?</b> <u>1/2015</u><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>Personal guarantee for debt of Don Davies Trucking, Inc.</b> | <b>\$0.00</b> |
|----------|---|--|---------------|

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|----------|--|--|-------------------|
| 4.3<br>9 | <b>Palmers Amer. Car Care</b><br>Nonpriority Creditor's Name<br><b>395 S. 200 E</b><br><b>Roosevelt, UT 84066</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>5079</u><br><b>When was the debt incurred?</b> <u>4/2015</u><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>Potential personal liability for debt of Don Davies Trucking, Inc.</b> | <b>\$2,500.00</b> |
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Debtor 1 **Alfred Don Davies**  
Debtor 2 **Mary Jane Davies**

Case number (if know) **17-26875**

|          |  |   |                   |
|----------|--|---|-------------------|
| 4.4<br>0 | <b>Park Western Leasing Inc.</b><br>Nonpriority Creditor's Name<br><b>13949 W. Colfax Avenue suite 200</b><br><b>Golden, CO 80401</b><br>Number Street City State Zip Code<br>Who incurred the debt? Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <b>8501</b><br>When was the debt incurred? <b>8/1/14</b><br>As of the date you file, the claim is: Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>Personal guaranty for debt of Don Davies Trucking, Inc. - Business Loan</b> | <b>\$5,299.00</b> |
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| 4.4<br>1 | <b>Peterbilt of Utah Inc.</b><br>Nonpriority Creditor's Name<br><b>2858 South 300 West</b><br><b>Salt Lake City, UT 84115</b><br>Number Street City State Zip Code<br>Who incurred the debt? Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <b>772</b><br>When was the debt incurred? <b>Various 2015</b><br>As of the date you file, the claim is: Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>Potential personal liability for the debt of Don Davies Trucking Inc.</b> | <b>\$11,877.36</b> |
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| 4.4<br>2 | <b>Rangely Auto Parts</b><br>Nonpriority Creditor's Name<br><b>214 E. Main</b><br><b>Rangely, CO 81648</b><br>Number Street City State Zip Code<br>Who incurred the debt? Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <b>5078</b><br>When was the debt incurred? <b>4/2015</b><br>As of the date you file, the claim is: Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>Potential personal liability for debt of Don Davies Trucking, Inc.</b> | <b>\$638.89</b> |
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Debtor 1 **Alfred Don Davies**  
Debtor 2 **Mary Jane Davies**

Case number (if know) **17-26875**

|          |  |   |                 |
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| 4.4<br>3 | <b>Rangley True Value Hardware</b><br><hr/> Nonpriority Creditor's Name<br><b>105 W. Main Street</b><br><b>Rangely, CO 81648</b><br><hr/> Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> <b>Check if this claim is for a community debt</b><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u><b>1334</b></u><br><br><b>When was the debt incurred?</b> <u><b>4/2015</b></u><br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u><b>Potential personal liability for debt of Don Davies Trucking, Inc.</b></u> | <b>\$600.00</b> |
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| 4.4<br>4 | <b>Revere Health</b><br><hr/> Nonpriority Creditor's Name<br><b>1055 North 500 West</b><br><b>Provo, UT 84604</b><br><hr/> Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> <b>Check if this claim is for a community debt</b><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u><b>9634</b></u><br><br><b>When was the debt incurred?</b> <u><b>2015</b></u><br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u><b>Medical services</b></u> | <b>\$52.25</b> |
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| 4.4<br>5 | <b>Rocky Mountain Healthplans</b><br><hr/> Nonpriority Creditor's Name<br><b>PO Box 173704</b><br><b>Denver, CO 80217</b><br><hr/> Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> <b>Check if this claim is for a community debt</b><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u><b>0001</b></u><br><br><b>When was the debt incurred?</b> <u><b>4/2015</b></u><br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u><b>Potential personal liability for debt of Don Davies Trucking, Inc.</b></u> | <b>\$2,610.00</b> |
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Debtor 1 **Alfred Don Davies**  
Debtor 2 **Mary Jane Davies**

Case number (if know) **17-26875**

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|----------|--|--|-------------------|
| 4.4<br>6 | <b>Searle Gas Company Inc</b><br>Nonpriority Creditor's Name<br><b>dba Sav-On Prof</b><br><b>PO Box 1760</b><br><b>Vernal, UT 84078</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>2231</u><br><b>When was the debt incurred?</b> <u>4/2015</u><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Potential personal liability for debt of Don Davies Trucking, Inc.</u> | <b>\$1,244.00</b> |
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| 4.4<br>7 | <b>Searle Gas Company Inc dba Save on Prof.</b><br>Nonpriority Creditor's Name<br><b>PO Box 1760</b><br><b>Vernal, UT 84078</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>2231</u><br><b>When was the debt incurred?</b> <u>4/2015</u><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Potential personal liability for debt of Don Davies Trucking, Inc.</u> | <b>\$1,642.23</b> |
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| 4.4<br>8 | <b>Sears Credit Card</b><br>Nonpriority Creditor's Name<br><b>PO Box 6286</b><br><b>Sioux Falls, SD 57117</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>7769</u><br><b>When was the debt incurred?</b> <u>9/2016</u><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Living expenses</u> | <b>\$446.96</b> |
|----------|--|---|-----------------|



Debtor 1 **Alfred Don Davies**  
Debtor 2 **Mary Jane Davies**

Case number (if know) **17-26875**

4.4  
9

**Shades Diesel, LLC**

Nonpriority Creditor's Name  
**620 West HWY 40**  
**PO Box 215**  
**Roosevelt, UT 84066**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**Don Davies**  
**Trucking**

**\$3,000.00**

When was the debt incurred?

**4/2015**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Potential personal liability for debt of Don Davies Trucking, Inc.**

4.5  
0

**Spencers Auto Parts**

Nonpriority Creditor's Name  
**25 E. HWY 40**  
**Roosevelt, UT 84066**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**6008**

**\$1,190.77**

When was the debt incurred?

**4/2015**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Potential personal liability for debt of Don Davies Trucking, Inc.**

4.5  
1

**Stowell, Crayk & Bown, PLLC**

Nonpriority Creditor's Name  
**c/o Jeffry K. Ross**  
**37 East Main Street**  
**Vernal, UT 84078**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**\$1,800.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Legal Representation**

Debtor 1 **Alfred Don Davies**  
Debtor 2 **Mary Jane Davies**

Case number (if know) **17-26875**

4.5  
2

**T&H Parts Inc.**

Nonpriority Creditor's Name

**400 Taylor Street  
Craig, CO 81625**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **1269**

**\$453.00**

When was the debt incurred? **4/2015**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Potential personal liability for debt of Don Davies Trucking, Inc.**

4.5  
3

**T. Thacker's Inc.**

Nonpriority Creditor's Name

**157 North 300 East  
Roosevelt, UT 84066**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **5879**

**\$16,200.00**

When was the debt incurred? **4/2015**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Potential personal liability for debt of Don Davies Trucking, Inc.**

4.5  
4

**TCF Equipment Finance**

Nonpriority Creditor's Name

**11100 Wayzata Boulevard  
Suite 801  
Minnetonka, MN 55305**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **1500**

**\$130,000.00**

When was the debt incurred? **11/2014**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Personal guarantee for debt of Don Davies Trucking, Inc. - MacMC407 Trailer**

Debtor 1 **Alfred Don Davies**  
Debtor 2 **Mary Jane Davies**Case number (if know) **17-26875**4.5  
5**TCF Equipment Finance**

Nonpriority Creditor's Name

**11100 Wayzata Boulevard  
Suite 801  
Minnetonka, MN 55305**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **1502****\$80,000.00**When was the debt incurred? **11/2014**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Personal guarantee for debt of Don Davies  
Trucking, Inc. - Tytaloil Tanker**4.5  
6**TCF Equipment Finance**

Nonpriority Creditor's Name

**11100 Wayzata Boulevard  
Suite 801  
Minnetonka, MN 55305**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **1503****\$250,000.00**When was the debt incurred? **11/2014**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Personal guarantee for debt of Don Davies  
Trucking, Inc. - 2013 Kenworth and 2014  
Kersten Truck**4.5  
7**The Clinic at UBMC**

Nonpriority Creditor's Name

**Patient Bill Processing Center  
250 West 300 North  
Roosevelt, UT 84066**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **4960,4970****\$739.27**When was the debt incurred? **10/29/15, 2/15/17**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical services \$141.76; \$597.51**

Debtor 1 **Alfred Don Davies**  
Debtor 2 **Mary Jane Davies**

Case number (if know) **17-26875**

4.5  
8

**The Insurance Office**

Nonpriority Creditor's Name  
**c/o Francine Jensen**  
**P.O. Box 1323**  
**Roosevelt, UT 84066**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **6186**

**\$43,776.25**

When was the debt incurred? **4/2015**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Business insurance - Potential personal liability for the debt of Don Davies Trucking, Inc.**

4.5  
9

**Uintah Basin Medical Center**

Nonpriority Creditor's Name  
**250 West 300 North**  
**Roosevelt, UT 84066**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0620**

**\$800.00**

When was the debt incurred? **9/19/2016 to 10/28/16**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical services**

4.6  
0

**US Bank Equipment Finance**

Nonpriority Creditor's Name  
**1310 Madrid Street**  
**Marshall, MN 56258**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **8704**

**\$50,000.00**

When was the debt incurred? **2014**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Personal guarantee for debt of Don Davies Trucking, Inc. - 2007 Peterbilt semi**

Debtor 1 **Alfred Don Davies**  
Debtor 2 **Mary Jane Davies**

Case number (if know) **17-26875**

4.6  
1

**Wagner Equipment Co.**

Nonpriority Creditor's Name

**PO Box 919000**

**Denver, CO 80291**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **5188**

**\$2,300.00**

When was the debt incurred? **4/2015**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Potential personal liability for debt of Don Davies Trucking, Inc.**

4.6  
2

**WCF Insurance**

Nonpriority Creditor's Name

**PO Box 26488**

**Salt Lake City, UT 84126**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **5661**

**\$15,000.00**

When was the debt incurred? **4/2015**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Potential personal liability for debt of Don Davies Trucking, Inc.**

4.6  
3

**Wheeler Machinery Co.**

Nonpriority Creditor's Name

**PO Box 413071**

**Salt Lake City, UT 84141**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **8626**

**\$1,000.00**

When was the debt incurred? **4/2015**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Potential personal liability for debt of Don Davies Trucking, Inc.**

Debtor 1 **Alfred Don Davies**  
Debtor 2 **Mary Jane Davies**Case number (if know) **17-26875**4.6  
4**ZB, N.A. d.b.a. Zions Bank**

Last 4 digits of account number

**9006,9007,9  
008,9009,90  
10****\$329,227.85**

Nonpriority Creditor's Name

**SAG Intermountain****P.O. Box 30709****Salt Lake City, UT 84130**

Number Street City State Zip Code

When was the debt incurred?

**4/2015**

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Personal Guarantee for Debto of Don  
Davies Trucking, Inc.****Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**Bates and Associates****PO Box 465100****Aurora, CO 80046**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.61** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**2104**

Name and Address

**Benjamin D. Vinci****2250 South Oneida Street, Suite 303****Denver, CO 80224**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.32** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Black River Business Capital LLC****2951 Ranch Road 620 Suite 104****Austin, TX 78738**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.5** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**EMC Insurance Companies****717 Mulberry Street****P. O. Box 712****Des Moines, IA 50360-0712**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.15** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**FCS Premium Finance LLP****PO Box 1358****Grand Junction, CO 81502**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.35** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**FCS Premium Finance LLP****PO Box 1358****Grand Junction, CO 81502**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.45** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Gregory M. Constantino**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.15** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **Alfred Don Davies**  
Debtor 2 **Mary Jane Davies**

Case number (if know) **17-26875**

**CONSTANTINO LAW OFFICE, P.S.**  
**8537 So. Redwood Road, Suite D**  
**West Jordan, UT 84088**

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Hunter Warfield**  
**4620 Woodland Corporate Blvd**  
**Tampa, FL 33614**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Invictus Law, P.C.**  
**c/o Philip L. Martin**  
**360 South Technology Court, Suite**  
**200**  
**Lindon, UT 84042**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.41** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**McKeachnie Law Offices, P.C.**  
**c/o Gayle F. McKeachnie**  
**2575 West Highway 40**  
**Vernal, UT 84078**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.19** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**NACM Northwest Collections**  
**Attn: Jim Nichols**  
**P.O. Box 94550**  
**Seattle, WA 98124-6850**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.2** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**1247**

Name and Address  
**Philip L. Martin**  
**Invictus Law**  
**360 South Technology Court, Suite**  
**200**  
**Lindon, UT 84042**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.24** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**PSI Prestige Services**  
**21214 Schofield Dr.**  
**Gretna, NE 68028**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.27** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Stuart- Lipman & Associates**  
**5447 E. 5th St. Suite 110**  
**Tucson, AZ 85711**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.32** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Thomas J. Erbin**  
**PRINCE YEATES & GELDZAHLER**  
**15 West South Temple, Suite 1700**  
**Salt Lake City, UT 84101**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.64** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |                                  | Total Claim |             |
|--------------|----------------------------------|-------------|-------------|
| Total claims | 6a. Domestic support obligations | 6a. \$      | <b>0.00</b> |
|              |                                  |             |             |

Debtor 1 **Alfred Don Davies**  
Debtor 2 **Mary Jane Davies**

Case number (if know) **17-26875**

from Part 1

- 6b. **Taxes and certain other debts you owe the government**  
6c. **Claims for death or personal injury while you were intoxicated**  
6d. **Other.** Add all other priority unsecured claims. Write that amount here.

6b. \$ **218,847.01**  
6c. \$ **0.00**  
6d. \$ **0.00**

- 6e. **Total Priority.** Add lines 6a through 6d.

6e. \$ **218,847.01**

**Total Claim**

- 6f. **Student loans**

6f. \$ **0.00**

**Total  
claims  
from Part 2**

- 6g. **Obligations arising out of a separation agreement or divorce that you did not report as priority claims**  
6h. **Debts to pension or profit-sharing plans, and other similar debts**  
6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.

6g. \$ **0.00**  
6h. \$ **0.00**  
6i. \$ **1,771,108.16**

- 6j. **Total Nonpriority.** Add lines 6f through 6i.

6j. \$ **1,771,108.16**